CSD-1 Certification and Reporting

The following Certification and reporting is required for all boilers installed in Missouri on or after January 1, 2004 unless excluded by ASME-CSD-1-1998. Reports required in the paragraphs below must be submitted to the Chief Inspector at the following address.

Department of Public Safety
Missouri Department of Fire Safety
Boiler & Pressure Vessel Unit
PO Box 1421
Jefferson City, Missouri 65102

(a) Manufacturers of shop-assembled boiler units covered by CSD-1 shall maintain a report for each boiler unit or each category (type, size, or model) for boiler units. For boiler units 400,000 Btu/hr or less for gas, or 3 gph or less for oil, a report shall be maintained on each category (type, size, or model).

This report shall list:

(1) each control and safety device installed in accordance with CSD-1-1998;
(2) name of the manufacturer and model number of each control and safety device;
(3) operational test performed.

Items (1), (2), and (3) above shall be verified by the signature of an authorized representative of the manufacturer on this report.

(b) Installing contractors shall maintain or obtain from the manufacturer a data report for each installation completed. The report shall list:
(1) each device installed in accordance with ASME-CSD-1-1998;
(2) name of the manufacturer and model number of each control and safety device;
(3) operational test performed.

Items (1), (2), and (3) above shall be verified by the signature of an authorized representative of the installing contractor on this report. An example of acceptable data report is attached. Manufactures/Installing Contractor's other forms as appropriate.

A copy of this report shall be (1) submitted to the Chief Inspector, (2) provided to the owner/user, (alone with the requirement below) and (3) be made available to the authorized inspection agency or inspector.

(c) Installing contractors shall obtain from the boiler manufacturer pertinent operating, testing, servicing, and cleaning instructions for the controls and safety devices.
(d) It is the responsibility of the installing contractor to deliver these instructions, together with complete wiring and piping diagrams, and a written precaution that the operating, testing, and servicing only be performed by qualified personnel, to the owner/user and to obtain a receipt for the instructions. The receipt shall be filed with the installation report.

Instructions for filling out the AMSE CSD-1 Manufacturer's/Installing Contractors Report

Block	Information to be filled in
1	Manufacturer's name
2	Manufacturer's address, street, City, State
3	Manufacturer's Zip Code
4	Manufacturer's Phone Number
5	Manufacturer's Fax Number (if available)
6	Manufacturer's Model Number (from on unit or manufacturer's manual)
7	Year the unit was built (from ASME plate)
8	Serial Number of the unit (from ASME nameplate or manufacturer's data report)
9	National Board Number (located at top of ASME name plate)
10	Underwriter's Laboratory Number (if available)
11	American Gas Association Number (if available)
	Items 12 & 13 for steam boilers only, N/A for water boilers
12	Maximum Allowable Working Pressure (from ASME plate)
13	Minimum Safety Valve relieving capacity required (from ASME plate or maximum burner input if not stated)
	Items 14-16 for water boilers only N/A for steam boilers
14	Maximum Allowable Working Pressure (from ASME plate)
15	Maximum Allowable Temperature (from ASME plate)
16	Minimum Safety Valve relieving capacity required (from ASME plate or maximum burner input if not stated) (circle PPH or Btu as appropriate)
17	Boiler Type (i.e. Cast Iron, Water Tube, Fire Tube etc.
18	If a modular boiler as defined in ASME Section IV, number of modules
19	Total boiler output capacity
20	Burner Manufacturer's Name
21	Burner Model Number
22	Underwriter's Laboratory Number or American Gas Association Number
23	Burner Serial Number
24	Type of fuels connected to the burner assemb ly to be used. (if electric KW rating/input)
25	Owner/Users name for where the boiler will be installed
26	Owner/Users street address for where the boiler will be installed
27	Owner/Users city for where the boiler will be installed
28	Owner/Users Zip Code for where the boiler will be installed
29	Owner/Users Telephone number for where the boiler will be installed
30	Owner/Users Fax number for where the boiler will be installed (if applicable)
31	Actual Manufacturer's Name for each control/device listed that is installed on the boiler
32	Manufacturer's model number for each control/device listed that is installed on the boiler
33	Date the operational test was performed to check the control/device listed. (note: the paragraph number under the name of the control/device is the CSD-1 paragraph that list the requirements must meet and its function) All installations shall have an operational test performed by either the manufacturer or installing contractor's representative.
34	Safety Valve inlet & outlet size (i.e. 2"x3")
35	Safety Valve Capacity (circle PPH/Btu as appropriate)
36	Name of company representing the equipment manufacturer
37	Signature of company's representative
38	Date signed by company's representative
39	Name of the Installing Contractor
40	Signature of the Installing Contractor's representative
41	Date signed by Installing Contractor's representative

MANUFACTURER'S/INSTALLING CONTRACTOR'S REPORT FOR ASME CSD-1 State of Missouri

Certification and Reporting for Controls and Safety Devices
(This form is a guideline for required reporting)

Unit Manufacturer

Name_____(1)_____
Address_____(2)_____Zip_____(3)_____
Telephone_____(4)_____ Fax_____(5)_____

Unit Identification (Boiler)

Manufacturer's Model # ____(6)_____ Year Built _____(7)_____
ASME # _____(8)_____ Nat. Bd. # _____ (9)_____
UL # _____(10)_____ AGA # _____(11)_____
Jurisdiction State of Missouri

Steam Boilers (N/A for water boilers)

Maximum Allowable Working Pressure (MAWP) _____(12)_____psig
Minimum Safety Valve Capacity _____(13)_____PPH

Hot Water Boilers (N/A for steam boilers)

Maximum Allowable Working Pressure (MAWP) _____(14)_____psig
Maximum Allowable Working Temperature _____(15)_____deg. far.
Minimum Safety Relief Valve Capacity _____(16)_____PPH or Btu/hr

Boiler Unit Description (Type) _____(17)_____
Number of Modules (if applicable)_____(18)_____
Boiler Unit Output Capacity _____(19)_____PPH or Btu/hr

Burner
Manufacturer _____(20)_____ Model _____(21)_____
UL or AGA # _____(22)_____ Serial # _____(23)_____

Fuels (as shipped) _____(24)_____ _____

Installation Location (if known)

Customer Name_____(25)_____
Address _____(26)_____
City _____(27)_____ State Missouri Zip Code _____(28)_____
Telephone _____(29)_____ Fax _____(30)_____

Control/Device	Manufacturer	Model #	Date Operational Test Performed
Operating Controls			
Low-Water Fuel Cutoff **CW-120(a), CW-140**	(31)	(32)	(33)
Forced Circulation **CW-210 (a)**	(31)	(32)	(33)
Steam Pressure **CW-310 (b)**	(31)	(32)	(33)
Water Temperature **CW-410 (b)**	(31)	(32)	(33)
Safety Controls			
Low-Water Fuel Cutoff **CW-120 (a), CW120 (b)** **CW-130, CW-140**	(31)	(32)	(33)
Forced Circulation **CW-210 (b)**	(31)	(32)	(33)
High Steam Pressure Limit **CW-310 (c)**	(31)	(32)	(33)
High Water Temperature Limit **CW-410 (b)**	(31)	(32)	(33)
Fuel Safety Shutoff Valve, Main **CF-180 (b)(2), CF-180(b)(3)**	(31)	(32)	(33)
Pilot Safety Shutoff Valve **CF-180 (c)**	(31)	(32)	(33)
Atomizing Medium Switch **CF-450 (b)**	(31)	(32)	(33)
Combustion Air Switch **CF-220**	(31)	(32)	(33)
High Gas Pressure **CF-162**	(31)	(32)	(33)
Low Gas Pressure **CF-162**	(31)	(32)	(33)
Low Oil Pressure **CF-450 (a)**	(31)	(32)	(33)
High Oil Temperature **CF-450 (c)**	(31)	(32)	(33)
Low Oil Temperature **CF-450 (d)**	(31)	(32)	(33)

Purge Air Flow **CF-210**	**__________(31)______**	**______(32)____**	**_________(33)_______**
Flame Safeguard (Primary) **CF-310, CF-320**			
Flame Detector **CF-310, CF-320**			
Low-Fire Start Switch **CF-610**	**__________(31)______**	**_______(32)___**	**_________(33)_______**

Safety or Safety Relief Valve(s)
CW-510, CW-520

	Manufacturer	Model	Size	Capacity PPH/Btu/hr	Date Operational Test Performed
#1	**_______(31)______**	**________(32)______**	**___(34)____**	**____(35)____**	**______(33)______**
#2					
#3					
#4					

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Representing Equipment Manufacture, Name ________________(36)____________________________________

Signature ____________________(37)________________________________ Date __________(38)____________

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Representi ng Installing Contractor, Name ______________________(39)______________________________

Signature ___________________(40)_________________________________ Date ____________(41)__________

MANUFACTURER'S/INSTALLING CONTRACTOR'S REPORT FOR ASME CSD-1 State of Missouri

Certification and Reporting for Controls and Safety Devices
(This form is a guideline for required reporting)

Unit Manufacturer

Name_____
Adress_____**Zip**_____
Telephone_____ **Fax**_____

Unit Identification (Boiler)

Manufacturer's Model # _____ **Year Built** _____
ASME # _____ **Nat. Bd. #** _____
UL # _____ **AGA #** _____
Jurisdiction State of Missouri

Steam Boilers (N/A for water boilers)

Maximum Allowable Working Pressure (MAWP) _____**psig**
Minimum Safety Valve Capacity _____**PPH**

Hot Water Boilers (N/A for steam boilers)

Maximum Allowable Working Pressure (MAWP) _____**psig**
Maximum Allowable Working Temperature _____**deg. far.**
Minimum Safety Relief Valve Capacity _____**PPH or Btu/hr**

Boiler Unit Description (Type) _____
Number of Modules (if applicable)_____
Boiler Unit Output Capacity _____**PPH or Btu/hr**

Burner
Manufacturer _____ **Model** _____
UL or AGA # _____ **Serial #** _____

Fuels (as shipped) _____ _____

Installation Location (if known)

Customer Name_____
Address _____
City _____ **State** Missouri **Zip Code** _____
Telephone _____ **Fax** _____

Control/Device	Manufacturer	Model #	Date Operational Test Performed
Operating Controls			
Low-Water Fuel Cutoff CW-120(a), CW-140			
Forced Circulation CW-210 (a)			
Steam Pressure CW-310 (b)			
Water Temperature CW-410 (b)			
Safety Controls			
Low-Water Fuel Cutoff CW-120 (a), CW120 (b) CW-130, CW-140			
Forced Circulation CW-210 (b)			
High Steam Pressure Limit CW-310 (c)			
High Water Temperature Limit CW-410 (b)			
Fuel Safety Shutoff Valve, Main CF-180 (b)(2), CF-180(b)(3)			
Pilot Safety Shutoff Valve CF-180 (c)			
Atomizing Medium Switch CF-450 (b)			
Combustion Air Switch CF-220			
High Gas Pressure CF-162			
Low Gas Pressure CF-162			
Low Oil Pressure CF-450 (a)			
High Oil Temperature CF-450 (c)			
Low Oil Temperature CF-450 (d)			

Purge Air Flow **CF-210**	____________	________	____________
Flame Safeguard (Primary) **CF-310, CF-320**	____________	________	____________
Flame Detector **CF-310, CF-320**	____________	________	____________
Low-Fire Start Switch **CF-610**	____________	________	____________

Safety or Safety Relief Valve(s)
CW-510, CW-520

	Manufacturer	Model	Size	Capacity PPH/Btu/hr	Date Operational Test Performed
#1	________	________	______	______	________
#2	________	________	______	______	________
#3	________	________	______	______	________
#4	________	________	______	______	________

Representing Equipment Manufacture, Name ______________________________

Signature ______________________________ **Date** ______________

Representing Installing Contractor, Name ______________________________

Signature ______________________________ **Date** ______________